



MedVet Dayton
2714 Springboro West
Moraine, OH 45439
Phone: 937.293.2714 Fax: 937.293.2787
Please send all radiograph requests to:
radiology.dayton@medvet.com

Radiograph Consultation Referral Form

Date: _____

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

Board-certified Veterinary Radiologists
Matthew Baron-Chapman, DVM, DACVR
Chase Constant, VMD, DACVR

Referral Partner Information

Referring Veterinarian: _____ Clinic/Practice Name: _____
Phone: (_____) _____ Fax: (_____) _____ Email: _____

Patient Information

Client Name: _____ Phone: (_____) _____
Patient Name: _____ Canine Feline Other: _____
Breed: _____ Sex: M MN F FS Age: _____
Radiographs Submitted: Yes No Digital: Sent to DICOM Server Email Analog: Mailed in Sent with Owner

Study Information

Area of Interest: _____
Study Date(s): _____ # Images: _____
_____ # Images: _____
_____ # Images: _____

Reason for Referral/Primary Complaint:

Specific Questions Regarding Radiographs:

Radiology consultations are performed Monday through Friday with a 24-hour turn around once all information, including images, has been received. Consultations are not performed on weekends or holidays. Requests received after 4:00 pm on Friday will be completed and returned by the end of the day on Monday. If you are mailing analog images, please allow 2-3 additional business days. If you do not receive a report within the expected time frame, please contact our radiology team.